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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/634,210
Filing Date	March 15, 2006
First Named Inventor	Jose A. Salas et al.
Title	Borrelidin-Producing Polyketide...
Art Unit	N/A
Examiner Name	N/A
Attorney Docket Number	4408-P03626US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:



Practitioner(s) associated with the Customer Number:

000110

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Address

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State

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Country

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>M. V. Hayes</i>	Date	26th JUNE 2007
Name	MICHAEL VICTOR HAYES	Telephone	(703) 532-920
Title and Company	Biotica Technology Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)*

### SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 20, 2007
Name	Dr. Pedro Sánchez Lazo	Telephone	+34 985 10 40 61
Title and Company	Vice-Rector for Research and Relation with Enterprises. University of Oviedo.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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